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## Introduction

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I was a bit on the “chunky” side when I was a young child. My brothers, sisters, and classmates called me “hubba-hubba-tubba” or simply, “hubba” for short. As an adult, I have waged a constant battle to maintain “normal” weight.

During my lifetime, the United States entered what is now known as an “epidemic of obesity.” Current national figures indicate one third of adult Americans and one quarter of children and adolescents are overweight. The heaviest people in our society are now heavier than ever. Children born in the United States today have a 50 percent chance of becoming overweight sometime in their lifetimes.

This University of Wyoming Cooperative Extension bulletin is designed for parents of overweight and obese children and adolescents. What is unknown about obesity far “outweighs” what is known. Obesity is a complex disorder involving heredity, individual food preferences, physical activity levels, media influences, taste sensations, availability of safe places to play and exercise, cultural preferences, and both family and societal influences. A strong argument can be made that many obese individuals are simply victims of their genetic and environmental settings. But all is not lost. Some strategies have proven helpful.

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**Definition of dieting/diets:** *For this bulletin, dieting and diets refer to the reduction of caloric intake for the purpose of losing weight.*

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Topics covered in this bulletin include:

- ◆ Identifying the problem
- ◆ Failure of dieting
- ◆ Size acceptance
- ◆ Normal, healthy eating
- ◆ Importance of physical activity
- ◆ Cultural encouragement to over-eat
- ◆ Simple strategies for parents of overweight children

## Identifying the Problem

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Two major factors contribute to the growing problem of overweight people in this country. First, good tasting, ready-to-eat, affordable food is readily available. Secondly, physical activity required for daily living has all but been eliminated.

For many people of the world, daily caloric intake is controlled by both availability

and affordability of food. Despite all the complaining we do about the cost of food, citizens in the

U.S. spend a lower percentage of income on food than other countries worldwide. Americans spend about 11

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*Being fat is projected as the worst possible fate in our society. It is not. Being rejected and unloved is a far worse fate. Unfortunately, some people must suffer both fates.*

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percent of their income on food, with lower income families spending a higher percentage than others. In other countries, the percentage is much higher (19 percent in Japan, 40 percent in Jamaica, and 54 percent in India). For many Americans, cost of food may control food choices (hamburger instead of lobster), but cost seldom controls the quantity of food eaten.

Food technology has made food “instantaneous.” In my grandparents’ day,

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*Make no mistake: the obsession with thinness in this country is no trivial issue.*

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few foods were consumed that didn’t have to be peeled, plucked, boiled, or baked. My generation saw the invention

of the microwave oven and food was only seconds away. Today we have an overwhelming choice of foods available for our immediate gratification by simply opening a bag or twisting off a lid. In 1995 alone, approximately 23,000 new grocery items were introduced.

Ready-to-eat food became more available at the same time that daily need for physical activity steadily decreased. Think about your daily routine from the moment you get out of bed. You can take a shower by simply turning a faucet handle. Previous generations could only bathe after hauling water from a well and heating the water on a stove fueled by wood they chopped. You can drive in a vehicle with power brakes, power steering, and power windows. You can even open the garage

door by a simple touch of a button. Think of the fewer calories burned in a lifetime by the invention of remote controls. You can turn on the TV, answer the phone, and turn off the stereo without ever leaving the comfort of your favorite easy chair. The number of “labor-saving” devices introduced in the last 50 years is truly remarkable. Unfortunately, “labor-saving” devices may translate into “obesity-forming” devices over a lifetime.

Health professionals in America have launched an educational campaign throughout several decades to address the overweight issue in this country. The outcomes of this campaign are conflicting and disappointing. One nutrition educator recently summarized the outcomes as follows:

- ◆ overweight people know they are overweight
- ◆ most Americans know the health risks of obesity
- ◆ people want to lose weight
- ◆ the overweight rate in the U.S. continues to climb

## Failure Of Dieting

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Before you are tempted to put your child or yourself on a diet consider this: although many diets lead to weight loss, almost none are successful at long-term weight maintenance. Many studies have verified the increasing difficulty of losing weight multiple times. Known as the “yo-yo dieting syndrome” (losing weight, gaining

weight, losing weight etc.), the dieter has to work harder each time to lose the same amount of weight. In the long run, diets can do more harm than good.

Why do diets fail? One theory suggests that primitive humans survived through starvation. By natural selection, individuals who were able to survive famines by conserving energy passed on their genetic code. The human body cannot distinguish between starvation and dieting and thus lowers metabolism to conserve energy. Dieting becomes a losing battle. Diets don't fail as much from a lack of will power as they do from the human body's natural physiological responses.

What is the problem with dieting? Dieting is not normal. It is based on deprivation, sacrifice, and finally guilt. Dieting causes an individual to focus on external cues (certain foods, calorie restrictions) and ignore natural weight regulators like hunger and satiety.

If a parent tries to totally control food intake of a child, the child may lose the ability to self-regulate. Then when controls are not present, the child may overeat more. Steps initially taken to control overeating can actually contribute to more weight gain over time. What is a concerned and caring parent to do? A parent can control the type of food available in the home. The refrigerator can be stocked with skim and 1 percent milk, fresh fruit, and carrot sticks instead of soft drinks.

If you still feel tempted to start a weight loss diet for your child, consider the following characteristics often experienced by chronic dieters:

- ◆ easily upset, mood swings
- ◆ more likely to eat when anxious
- ◆ trouble concentrating, distracted easily
- ◆ self-centered, constant preoccupation with food
- ◆ predisposed to eating disorders like bulimia and anorexia nervosa

**An appropriate goal for many overweight children is to maintain current weight while growing normally in height.** This in itself may allow more normal weights to be achieved. Severely restricting food intake can interfere with growth. Detrimental long-term effects of repeated childhood dieting on body metabolism can occur. Even with extremely obese children, the recommendation for weight loss is no more than one half pound to one pound a week.

Any aggressive weight loss program should only be undertaken under a physician's supervision.

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*Consider this: if even one of the many weight loss products really worked, why would we have any of the others? A truly successful weight loss product would quickly put the competition out of business.*

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*We must stop pretending diets work or that they ever have.*

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One of the saddest and often unrecognized negative side effects of dieting is a self-centered focus. With a person's focus on weight and food, little energy is left to spend addressing concerns of others.

## Size Acceptance

Some experts consider the media to be the most powerful influence on American children.

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*Size prejudice hurts people of all sizes — as long as fat is hated, everyone is afraid of becoming fat.*

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Could television, movies, and magazines have more influence over children than formal education

and parents? If the media is such a powerful force in America, what is it teaching our children?

A new movement is gaining popularity across the country. The movement is called "size acceptance." The movement encourages accepting individuals of all different sizes and shapes. It attacks the media's projection of extremely thin or extremely muscular as the only body types everyone should strive to achieve.

In real life proportions, a Barbie doll

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*Children associate a laundry list of unfair negative characteristics like lazy, stupid, ugly, and dishonest to heavier people.*

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would be 7-feet tall and have body measurements of 38-18-32. No female is genetically capable of reflecting this so-called "ideal."

Size prejudice is now called the last acceptable prejudice in America. Laws

are in place to prohibit discrimination on the basis of race, gender, disability, age, and sexual orientation. Name calling of overweight people is still acceptable—ask any large kid on any school playground. Size prejudice is not limited to overweight individuals. Size prejudice slurs are also directed at individuals who are short or tall, males who are thin, and females who are flat-chested.

A large girl relates a story of walking down the halls of school when a group of boys flatten themselves against the wall and yell "wide load." Another large person describes the torments from other children as scars she will carry to the grave.

The size-acceptance movement promotes recognition that wonderful, caring, and talented human beings come in all different shapes and sizes. The movement also promotes the idea that a maintainable healthy weight should be the goal—not thinness.

In her book, *Afraid to Eat*, Frances Berg states, "the ideal (female) body type is now at the thinnest 5 percent of normal weight." In other words, the ideal body type now excludes 95 percent of the female population. Berg notes that Miss America contestants (referred to as "cultural icons") have become thinner every year.

Research demonstrates the human body has a huge capacity to develop fat cells. Once developed, fat cells seem to remain. A healthy weight that can be

maintained for individuals who have battled obesity all their lives will be very different from individuals who have never had a weight problem.

Overweight children and adolescents must constantly deal with name calling and feelings of rejection. Parents can help counter this by constantly reassuring the child that he or she is loved and cherished. On a recent television show, a young girl of about seven complained to her father that a boy on the playground called her fat. The father said: “Tell him you’re not fat, you’re beautiful, and your Daddy loves you.”

To be successful in life, overweight kids must develop superior emotional and social skills. Social and emotional skills adequate for normal weight children almost always prove inadequate for overweight children. Parents who focus only on the eating habits of an overweight child do little to promote the development of the child’s social and emotional well-being.

Many people unfairly assume overweight and obese people are not taking care of their bodies. Unfair assumptions suggest overweight individuals eat poor diets, are physically inactive, and don’t care about their health. Genetic and metabolic factors just now being understood clearly prohibit some people from ever reaching society’s definition of “normal weight.” A body size that evolves naturally from a healthy lifestyle must be accepted. Active people who eat normally are not all thin. Some are heavy.

Size prejudice hurts all people. The philosophy that states injustice to one human being is an injustice to the human race can be applied to size prejudice. When size prejudice is tolerated, even normal weight people become fearful. They fear gaining weight and becoming a victim of size prejudice. Size prejudice encourages everyone to be dissatisfied with his or her body.

## Normal, Healthy Eating

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Frances Berg opens one of her books with this statement: “America’s children are afraid to eat.” Berg states that many

kids fear food and fear being fat. She argues that our weight-obsessed culture has made many children

victims of dysfunctional eating.

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*Until we focus on good health and not on weight, obesity and anorexia will continue.*

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Eating should be one of the many great pleasures in life. Eating is more than supplying the body with needed nutrients and energy. Eating should be a pleasant experience. Consider the many wonderful sensations that accompany food—the smells, the tastes, the textures.

Normal, healthy eating is defined as eating a variety of foods in moderation throughout the day. Normal eating is tied to the body’s normal eating responses of hunger and satiety. Food is enjoyed. Normal eating can include occasional times of overeating.

Compare the definition of normal eating with a typical day in the life of

too many female teenagers in this country. Breakfast is skipped. Lunch is rushed. After school snacks consist of a soft drink and a candy bar. The evening meal with family becomes a battleground of what to eat and what not to eat. Most eating through the day is accompanied by feelings of guilt and anxiety.

The Food Guide Pyramid offers practical guidelines for healthy eating. Daily caloric intake ranges from 1600 to 2800 calories. The pyramid encourages

daily consumption of foods from five major food groups:

**Bread, cereal, rice, and pasta** (6 to 11 servings daily)

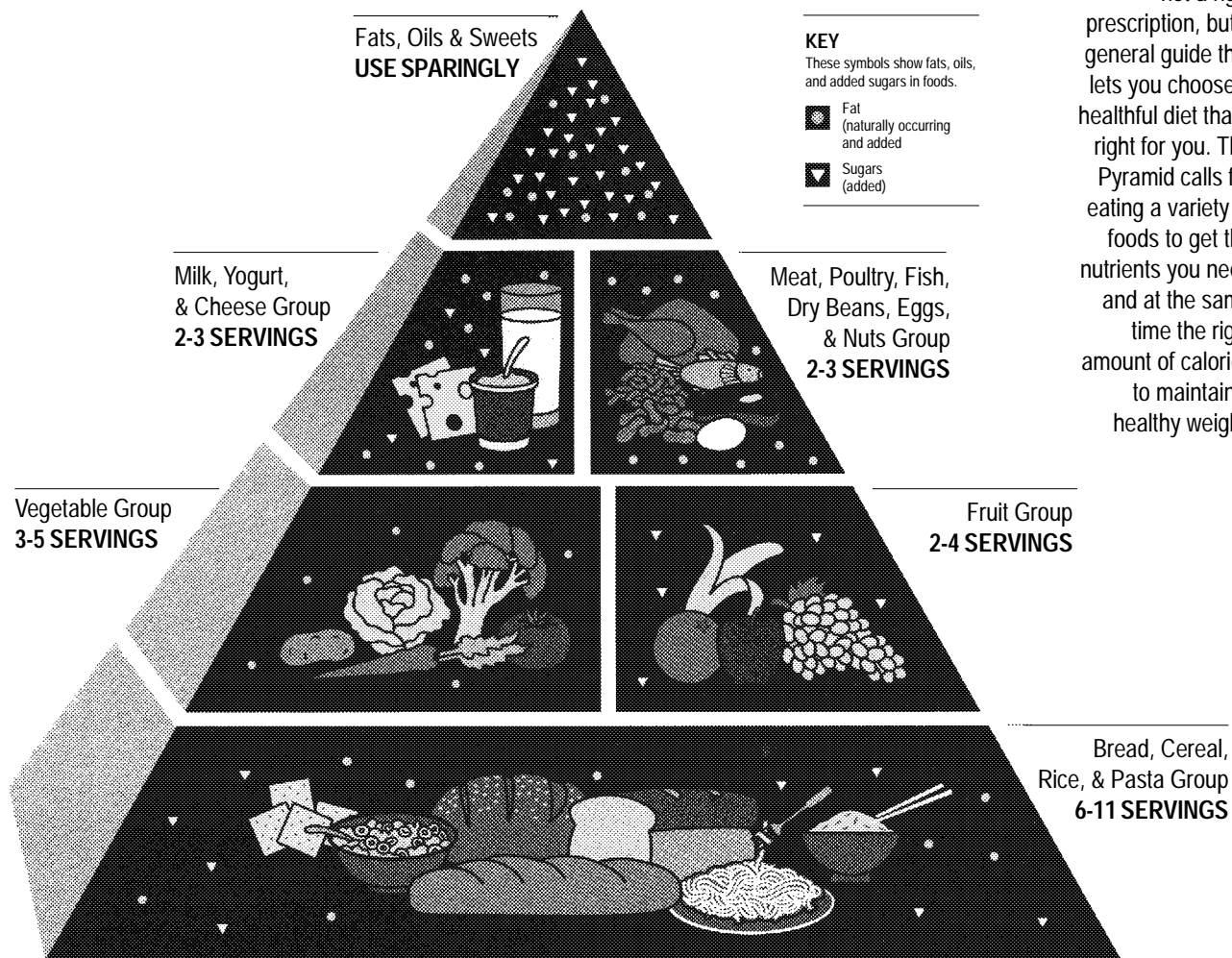
**Vegetables** (3 to 5 servings daily)

**Fruits** (2 to 4 servings daily)

**Milk, yogurt, and cheese** (2 to 3 servings daily)

**Meat, poultry, fish, dry beans, eggs, and nuts** (2 to 3 servings daily)

# Food Guide Pyramid



The Pyramid is an outline of what to eat each day. It's not a rigid prescription, but a general guide that lets you choose a healthful diet that's right for you. The Pyramid calls for eating a variety of foods to get the nutrients you need and at the same time the right amount of calories to maintain a healthy weight.

Source: U.S. DEPARTMENT OF AGRICULTURE and the U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Provided by: the Education Department of the NATIONAL LIVESTOCK AND MEAT BOARD.



Thoughts of food and weight can become the focus of living for individuals suffering from dysfunctional eating and eating disorders. Unrecognized and untreated, dysfunctional eating can lead to dysfunctional living including problems like a lack of energy, difficulty concentrating, and susceptibility to disease.

Type of eating	Percentage of waking time spent thinking of food, hunger or weight
Normal	10 to 15%
Dysfunctional*	20 to 60%
Eating disorders	70 to 90 % for bulimia 90 to 110% for anorexia nervosa**

Source: *Afraid to Eat* by Frances Berg

American eating patterns have changed dramatically in recent years. Americans eat fewer regular meals, and more and more meals are consumed outside the home. Family members rarely eat together. More foods come to us in ready-to-eat forms, and foods seldomly are prepared from “scratch.” Changes in eating patterns do not doom us to unhealthy diets. At the same time, healthy eating does not happen by accident.

Families can commit to more quality meals together, and snacks can be planned—not be just an impulse stop

at a vending machine. Consumers can continue to request more selections of fruits and vegetables on restaurant menus.

Many individuals falsely believe they can fill their nutritional gap with supplements. Pop a multi-nutrient pill and don’t worry about what you eat.

WRONG. The study of human nutrition is an evolving field of study. Important compounds in food and their role in human health continue to be discovered each year. It is impossible to put all the nutrients you need in

a pill. The absorption of nutrients is another expanding field of study. One nutrient may increase the absorption of some nutrients, while interfering with the absorption of others. Nutrient supplementation cannot replace healthy eating. Good health depends on the total diet, not a few nutrients.

Media interest in a specific nutrient or a recent research finding

often diverts public attention from the importance of the total diet.

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*Parents should focus on a child's health, not a child's weight.*

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\* Dysfunctional eating is defined as irregular eating and times of prolonged undereating followed by intervals of overeating.

\*\* Over 100 percent accounts for sleep interrupted by thoughts of food, weight, or hunger.

## Importance of Physical Activity

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Physical inactivity characterizes the lives of most Americans. We even try to fool ourselves. Several studies indicate most Americans are far less physically

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*The rise of obesity in the U.S. closely correlates to the increased number of hours citizens spend watching television and driving vehicles.*

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active than they report. A Nebraska study of elementary students reported the average child spent 25 minutes a week in scheduled physical

activities and watched television 24 to 27 hours a week. Children become less active as they move through adolescence. Girls become less active than boys as they become older.

Based on data from numerous studies, a 1996 surgeon general's report titled *Physical Activity and Health* concluded that regular physical activity decreased overall mortality rates in a dose-response fashion. In other words, the

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*If you believe you do not have time to be physically active, ask yourself this: how many hours did I spend last week watching television?*

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more a person is physically active, the longer the person can expect to live. The report defined physical activity very broadly as body movements produced by

muscles requiring energy. Exercise was recognized as one form of physical activity.

A strong argument can be made tying the increase in obesity with the decrease in physical activity for most Americans. Studies suggest calories consumed by Americans remained fairly constant over the last 40 years. Calories coming from fat have decreased in the last 10 years (from about 38 percent to 32 percent). At the same time, obesity levels in this country dramatically increased. Although genetic influences on obesity are well documented, rapid changes in genetics are unlikely in such a short time. By a process of elimination, physical inactivity appears to be one of the major factors contributing to the current increase in obesity.

Small decreases in physical activity can have large impacts over time. A pound of body fat stores about 3500 calories. People who decrease their physical activity level by 50 calories a day could gain over five pounds in a year, 50 pounds in a decade, and 100 pounds in 20 years. The study of human weight and fat storage is complex, but this over-simplified example shows how small decreases in activity can have tremendous impact over time.

Less than a century ago, physical activity was part of a daily routine. Simple tasks like bathing, cooking, and transportation required high energy expenditure. Today we are annoyed if we can't find a parking spot within a few yards of where we are going. If there are more than a few stairs, we seek the elevator. Since physical activity is no longer a significant part of most

people's daily routine, physical activity must be planned. A report of the surgeon general on *Physical Activity and Health* recommends 30 minutes or more of moderate-intensity physical activity on all or most days of the week. Walking, jogging, swimming, and bicycling are all examples of moderate-intensity activities. Individuals who hate to exercise can build physical activity into their daily routines by parking several blocks away and walking to their destinations. They can walk to a nearby postal drop to mail a letter or walk the family dog, etc.

James Sallis, professor of psychology at San Diego State University, studied factors influencing physical activity in youth. His conclusions were:

- ◆ time spent outdoors was the most important factor influencing physical activity for young children
- ◆ time spent in organized physical activities was the most influential factor on physical activity for adolescents

Sallis encourages families and communities to develop safe, accessible places for children to play outside. Once outside, the imagination of children usually takes over and they naturally become physically active. Teenagers should be encouraged to participate in organized sports such as soccer, football, volleyball, basketball, wrestling, gymnastics, martial arts, and swimming. More youth can become involved if intramural sports are sup-

ported, rather than only emphasizing varsity athletics.

Physical activity should be part of everyday life, not just to help maintain healthy weight

but also for enjoyment and mental health.

Physical activity is a great way to relieve stress,

maintain mental alertness, prevent injuries, and prevent chronic illnesses like heart disease, cancer, and osteoporosis.

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*Even when caloric intake and physical activity are the same, some individuals are more prone to gain weight.*

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## Cultural Encouragement to Over-eat

If I found a magical "health wand" and was granted three wishes, I would wish for:

- ◆ people to become more physically active
- ◆ people to eat appropriate serving sizes
- ◆ people to accept others over a broad scale of shapes and sizes

Only in America could the idea of "super-size" foods be so successful. For only 39 cents, you can add several grams of fat and several hundred calories to your fast food meal and feel really good about getting such a "good deal." Only in America could a small soft drink size be 48 ounces. Beverage cups in express food stores are so large now some are over 72 ounces. That is

equivalent to more than a six-pack of pop in one serving. Only in America could “all-you-can-eat” restaurants be so common. Where else could over-eating be so popular?

A London newspaper compared typical serving size of foods in Britain to similar foods in the United States.

Food	Calories - U.S.	Calories - Britain
Cookie	493	65
Ice cream cone	625	160
Muffin	705	158
Nachos	1650	569
Steak and fries	2060	730

Serving size does count. Think of the calorie savings if one simple change was made in America: all medium and large orders of fries were exchanged for small. A serving of meat is 2 to 3 ounces. When was the last time you went to a restaurant and saw a three-ounce serving of steak on the menu? A can of pop is 12 ounces or 1 ½ cups. When was the last time you went to a convenience store and purchased a 12-ounce serving of a soft drink?

The expanding choices of low-fat and reduced-fat foods have done little to encourage consumption of appropriate serving sizes.

Human thought patterns seem to go something like this:

since this product contains half the fat, I can eat twice as much. A simple way to cut half the fat in high fat foods is to eat half as much. An effective way for parents to encourage children to eat appropriate serving sizes is to model desired behavior.

### Simple Successful Strategies for Parents of Overweight Children

- ◆ Control the type of food available. Make fruits, vegetables, low-sugar cereals, and low fat calcium products readily available for snacks.
- ◆ Secure a safe, accessible place outside for play—especially for young children.
- ◆ Model healthy behavior—normal, healthy eating, and an active lifestyle.
- ◆ Commit to quality family meal times as frequently as possible.
- ◆ Praise, love, and cherish the child—never tie acceptance to body size or shape.
- ◆ Participate in family physical activity times on a regular basis—family hikes, family bike rides, and family walks.
- ◆ Encourage physical activity. Support your child’s organized physical activities.
- ◆ A certain level of overweight may be genetically determined and internal controls may discourage

*We live in a society that condemns obesity while environmental factors encourage obesity.*

weight loss. Focus on good health, not a certain weight goal.

- ◆ Limit how much time your child watches television, plays video games, and works on the computer. Balance inactive time with active time.
- ◆ Strive to follow the guidelines of the Food Guide Pyramid.

## Conclusion

As a society, we must address our obsession with thinness and begin to promote good health. Consider the following.

- ◆ Over 3,000 American adolescents become regular smokers every day. White girls are most likely to become frequent smokers as a way to lose weight. Tobacco is responsible for more than one in every six deaths in the United States.
- ◆ Anorexia nervosa and bulimia are affecting a growing percentage of youth in America.
- ◆ The overweight and obesity rate in the U.S. continues to rise.
- ◆ Risks of weight-control measures should be weighed against the risks of obesity. Previous approaches of “losing weight at all costs” must be reappraised. Ask yourself: Do I want a healthy child, or do I want a child of a certain weight society finds acceptable? The ultimate goal should be good health, not a certain weight.

The Canadian Vitality statement offers good advice:

*Enjoy eating, being active, and feeling good about yourself.*

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*Imagine attacking excessive food intake like the anti-smoking efforts. Imagine food labels on large orders of french fries that say: “Warning: eating this food may endanger your health by contributing to excessive weight.”*

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*A parent should give a child the gift of both roots and wings.  
This gift applies to eating behaviors.*

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